

This profile belongs to: _____ ISP Start: _____ End: _____

Individual Profile

Please indicate whose perspective is involved in the completion of this profile:

☐ Self ☐ Family ☐ Friend ☐ Provider: _____ ☐ All Partners

Profile Questions	Agenda Questions
Gifts, Talents and Contributions	
1. What are your gifts, talents and strengths? What do people who know you and care about you say about you? What contributions do you make to your family and community?	How could you use your gifts and talents more and with others? In what other ways would you like to contribute to your family and community?
What have we learned about gifts, talents and contributions this quarter?	
<input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Home	
2. What is your home like? Do you enjoy it there?	What changes would you like to make or might improve your living arrangement?
3. Are you satisfied with your independence?	Are there things that might help you to feel and become more independent?
4. Do you have enough privacy? Is there anything that you don't want to talk about at a planning meeting?	What would you like to be different in your amount of privacy?

This profile belongs to: _____ ISP Start: _____ End: _____

5. Do you feel safe where you live?	What changes might help you feel safer?
What have we learned or has changed with home this quarter?	
<input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Community	
6. Tell us about the community where you live and how you spend your time with others.	What would make your life in the community better? What would you like to do that you're not doing?
7. What things do you enjoy doing most?	What would you like to do more often?
8. What things do you not like doing?	Which of these things would you like to change?
9. What do you do for fun and relaxation?	What might improve your ability and opportunities for fun and relaxation (and with whom)?
What have we learned or has changed with community this quarter?	
<input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Relationships	
10. Tell us about your family and friends.	Are there any changes you would like to make in your relationships?

This profile belongs to: _____ ISP Start: _____ End: _____

11. Do you feel heard and understood by the people who support you?	Would anything help you to feel more understood?
12. What qualities do you look for in the people who support you?	What do you like and not like about the people who support you now?
13. What would you like for people who support you to know about your culture, traditions, religion or spirituality?	Are there changes you'd like to be made in your supports in any of these realms?
What have we learned or has changed with relationships this quarter?	
<input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Work and Alternates to Work	
14. How do you typically spend the days, including weekends?	Would you like to change anything about how and with whom you spend your days and weekends?
What have we learned or has changed with work this quarter?	
<input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Learning	
15. What is most important to you in life? What are your hopes and dreams for now or in the future?	What would you like to be the same in five years? What would you like to be different?
16. What do you still want to accomplish, change, experience, learn or improve?	Which of these would you like to focus on this year?

This profile belongs to: _____ ISP Start: _____ End: _____

What have we learned or has changed with contributions and learning this quarter?

☐ 1st: ☐ 2nd ☐ 3rd ☐ 4th

Money

17. How do you want your money to be handled?

In what ways could you have more control over your money and financial resources?

What have we learned or has changed regarding money this quarter?

☐ 1st: ☐ 2nd ☐ 3rd ☐ 4th

Transportation

18. How do you travel around your community?

Are there things you would like changed about travel and transportation?

What have we learned or has changed with transportation this quarter?

☐ 1st: ☐ 2nd ☐ 3rd ☐ 4th

Health

19. What are your favorite foods? Are you interested in healthy choices?

Would you like to change anything about how or what you eat?

20. Do you like to exercise? Are you interested in getting in shape? What kind of physical activities do you or might you enjoy?

What kind of activities could be added to your routine to give you more exercise? What changes would you like to make?

What have we learned or has changed with health this quarter?

☐ 1st: ☐ 2nd ☐ 3rd ☐ 4th

This profile belongs to: _____ ISP Start: _____ End: _____

Signatures

Individual	Date
<input type="checkbox"/> Initial <input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Representative	Date
<input type="checkbox"/> Initial	
Support Coordinator	Date
<input type="checkbox"/> Initial <input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	
Authorizing signature if needed:	Date
<input type="checkbox"/> Initial	
Provider	Date
<input type="checkbox"/> Initial <input type="checkbox"/> 1st: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	